Adverse Childhood Experiences
BRFSS 2009
Please Check One: Every Year ☐
Odd Year ☐
Emerging Issue Topic X

Proposal for State-Added Questions
Washington State Behavioral Risk Factor Surveillance System Questionnaire 2009

Topic:	**Adverse Childhood Experiences**
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3. Importance of topic:

a. Is the topic an emergent public health issue of clear statewide significance?

Yes

b. Are the BRFSS data on this topic to be used in ***Health of Washington State, Report Card on Health, Local Public Health Indicators*** or some other official publication or web site? Please cite the publication and explain the role that BRFSS data will play in the publication.

This is yet to be determined. The data is needed as a part of local public health indicators, and would be extremely valuable as part of the Report Card. The Family Policy Council will use this data for it's publications about our Severity and Capacity Mapping Project – which include GIS maps of at least two dozen indicators of severe child, family and elder problems. We are working on this project at the request of the Family Policy Council members which include a Riley Peters, who represents Secretary Selecky.

c. Is the topic an ongoing public health issue of high priority within the Department of Health?

Yes. The Adverse Childhood Experience (ACE) Study, conducted by the Centers for Disease Control and Prevention and Kaiser Permanente, is a landmark epidemiological study that concludes that ACEs are the leading determinate of the public's health. ACEs have a dose

response relationship to many costly physical, behavioral, and mental health problems of high interest to the DOH, including heart disease, diabetes, morbid obesity, tobacco use, promiscuous sexual behavior, depression, drug and alcohol addiction, and more. The ACEs investigated in the study are: Child physical abuse; Child sexual abuse; Child emotional abuse; Child neglect; Mentally ill, depressed or suicidal person in the home; Drug addicted or alcoholic family member; Witnessing domestic violence against the mother; Loss of a parent to death or abandonment, including abandonment by divorce; Incarceration of any family member. As a public health issue ACEs are endemic, highly interrelated, self perpetuating, and have a cumulative stressor effect. The evidence suggests that ACEs are a causal agent for many health challenges, as the study findings meet all nine of Sir Bradford Hill's criterion for causal inference in epidemiology. Having this data would support the state's efforts to interrupt major health problems at their cause, instead of waiting to see clusters of risk factors that become visible only after the cause has impacted future health outcomes.

d. Will the topic provide information in support of a GMAP measure? If yes, please explain.

This would be baseline information that would be extremely useful in the GMAP process, but is not yet available to be considered as a measure. The ACE data would provide the state with information that could be used to monitor the effectiveness of a constellation of programs intended to improve physical, behavioral and mental health status, as well as work performance of Washingtonians.

4. Need to use the BRFSS process

a. Are BRFSS data needed to prepare prevalence estimates of a specified behavior?

Yes, these are needed to prepare estimates of many behaviors. Epidemiologists at the CDC have offered to assist the Family Policy Council with analysis and estimations using Population Attributable Risk data from the ACE study. They have also offered to help with cost estimates that will help the state estimate Medicare/Medicaid costs associated with the current median level of ACEs in the population, as well as estimated cost savings for "dialing down" the median level through prevention and intervention actions targeting parents and their children.

b. Is the required information not readily available elsewhere?

The information is not available for the population in Washington.

c. Must the behavior be monitored annually? If not, what period would be appropriate?

No. My estimate is that the behavior should be monitored every 4 to 5 years.

d. If behavior must be monitored annually, is information from consecutive years needed for these or other issues? Explain.

- To augment small sample size for the behavior in question?

- To construct sub-state estimates?

- To provide a benchmark for local health assessment?

5. Use of the data:

a. How do you plan to use the data? If the questions have been included in BRFSS before, how have you used the data already collected? Explain in some detail.

The lifelong physical, mental and behavioral consequences of ACEs include: alcoholism & alcohol abuse; chronic obstructive pulmonary disease & ischemic heart disease; depression; fetal death; high risk sexual activity; illicit drug use; intimate partner violence; liver disease; obesity; sexually transmitted disease; smoking; suicide attempts; unintended pregnancy. The higher the ACE score, the greater the incidence of co-occurring conditions from this list.

The data will be used to provide a benchmark for local and state health assessment, estimate future costs for treatment of the consequenses of ACEs, to motivate public action to reduce ACEs in the next generation, to create a better fit between state and local programming and the population served by that programming, and to identify high need geographic areas that, without intervention, will experience escalation of ACEs across generations.

b. What specific prevalence estimates will you derive from the data to support public health practice?

Population attributable risk for ACEs for women is:
depression– 54%; depressive affect – 41%; alcoholism – 65%; street drugs – 50%; iv use of street drugs – 78%; promiscuity – 48%; suicide attempts– 80%. Prevalence estimates for these and many other public health concerns will be possible, once we have ACE data.

6. Financial Support

Describe the financial support and account coding for the state-added questions you propose. The Centers for Disease Control and Prevention (CDC) provides support for approximately half of the cost for data collection. In 2008, State-Added questions cost $1,215 per question. The cost for 2009 will increase, perhaps to as much as $1,400 per question. The final charge depends on the length of the questionnaire and the amount of CDC support.

I understand that the CDC is offering states the option of reimbursement for adding the ACE questions to the BRFSS in 2009. In addition to these funds, the Family Policy Council is seeking private funds to pay for any oversampling costs the state would have, given the need to

disaggregate the survey results by county, smaller geographies in urban counties, by parenting age vs. elders. We will need a large enough sample to inform policy and program decisions. At this time we do have one foundation expressing interest in funding oversampling, if those funds are needed.

7. Analysis

a. Describe the prevalence estimates, tables and analyses that you plan for the data. Provide table "shells."

As already mentioned CDC epidemiologists have volunteered to do the main analyses possible with the additional information on the prevalence of ACE scores in Washington State as a whole and in geographical areas that have large enough respondents to generate reliable estimates. We propose to convene a special session of the Family Policy Council to discuss what analyses would be most useful to the seven separate state agencies represented on the council and to the Office of the Governor. Table "shells" to be used for further reporting and monitoring will be produced by CDC epidemiologists based on their first analyses and Family Policy Council deliberations.

We expect that the following analyses will be considered essential:

A – Statewide

1) ACE score estimates (mean number of ACEs) for the Washington State population as a whole and for gender, race/ethnicity, age, education and income groupings as currently published for other health risks and behaviors measured by BFRSS.

2) The relation between ACE scores and the average number of health and behavior problems experienced by respondents as measured by BRFSS.

3) The relation between ACE scores and the prevalence of specific health and behavior problems measured by BRFSS.

B – To Monitor Disparities by Demographic Subgroups

1) Possible differences in ACE scores through time by gender, age, race/ethnicity and socio-economic groupings.

2) Inter-group differences in the relation between ACE scores and the average number of health and behavior problems measured by BRFSS.

3) Inter-group differences in the relation between ACE scores and specific health and behavior problems measured by BRFSS.

C – To Identify High Need Areas Display Disparities By Geographical Areas in the State - by county and by smaller geographies within King County and ultimately, other large metropolitan areas (expanding the places where respondents are asked the 'closest intersection' question)

1) Display the geographical differences in ACE scores using mapping techniques similar to the ones used to display the severity index of community youth and family problems (April 16, 2008 preliminary analyses conducted by Research and Data Analysis in collaboration with the Family Policy Council, attached).

2) Calculate the predictability of the number of health and behavior problems among BRFSS respondents in different geographical areas by knowing their ACE scores. This requires a multivariate analysis across geographical areas, probably using a combination of 'locale' geographies and smaller areas within large metropolitan counties which would provide 150-250 distinct areas (see April 16 report for definition of 'locales' and the use of zip-codes within large counties).

3) Calculate the predictability of the severity index of community and health problems by knowing the ACE scores across different geographical areas. This requires again a multivariate analysis across geographical areas.

b. CDC and the BRFSS Coordinator produce tables by demographic and socioeconomic variables for all questions. Do you expect to need *additional* prevalence estimates, tables or other analyses?

The prevalence, statewide, of each of the nine Adverse Childhood Experiences will be of interest. However, of more interest will be knowing how many other ACEs respondents report having if they have had any one ACE: say domestic violence, or abuse, or incarceration of a parent. These groupings of ACEs may be important since they suggest coordination of prevention/intervention activities around particular traumas.

c. Describe the analytic staffing plan needed to produce additional prevalence estimates, tables and analyses that go beyond the basic demographic tables.

CDC epidemiologists have already volunteered their time in doing the first analyses. A set of subsequent analyses, every four to five years, may be required to monitor changes. It is hard to predict which analyses will be considered useful for monitoring purposes. It will depend on the results of the first analyses and the deliberations of the Family Policy Council.

8. About the Questions

a. What is the original source of the questions? How have they been used before? How have they been validated or tested? **Programs must <u>complete</u> pretesting and cognitive testing for new questions <u>before</u> the planning meeting to receive consideration**. Plan accordingly!

The CDC developed the ACE questions. The questions on Adverse Childhood Experiences are in Optional Module 22 of the CDC draft questions for 2009.

b. Who will be asked to complete the module? What proportion of respondents will answer the questions?

All respondents

c. When do you propose to include the module in BRFSS (every year, alternate years, special/emerging issues)?

Either alternate years, or every four to five years.

d. What possible difficulties do you foresee in getting respondents to answer the questions? How can we address the difficulties? Please consider all kinds of respondents.

We don't foresee difficulties.

e. Which other BRFSS questions might relate to this topic or benefit from this module?

Almost all health and behavior problem questions asked in BRFSS

Knowing the age of the respondents we can see the median ACE score for people of child bearing/parenting age vs. elders. This is important in addressing the issue of intergenerational transmission of ACEs.

Knowing the 'closest intersection' not only for King County but for other large, heavily metropolitan counties, will allow us to monitor changes in smaller geographies within these counties.

9. Proposed Questions:

a. Restrictions: Include any restrictions on who should be asked the questions, such as age, gender, or answers to other questions. For example, only people who have been told they have high blood pressure receive further questions about managing high blood pressure.

none

b. Questions: List the questions as they would appear on the questionnaire. Include an introduction and any transition paragraphs. *Start the questions on a new page*.

Module 22: Adverse Childhood Experience

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. Remember that your phone number has been chosen randomly and your answers are strictly confidential. Please keep in mind that you can ask me to skip any question that you do not want to answer.

At the end of this section, if you would like, I will give you phone numbers for organizations that can provide information and referral for these issues. Remember, you can ask me to skip any question that you do not want to answer.

1 Looking back at your childhood, before age 18 did you ever live with anyone who was depressed, mentally ill, or suicidal?

(416)

1 Yes
2 No
7 Do not know
9 Refused

2 Looking back at your childhood, before age 18 did you ever live with anyone who was a problem drinker or alcoholic?

(417)

1 Yes
2 No
7 Do not know
9 Refused

3 Looking back at your childhood, before age 18 did you ever live with anyone who used street drugs or who abused prescription medications?

(418)

IF NEEDED: Illegal or street drugs include marijuana, cocaine, crack, heroin, methamphetamines, crank, ice or ecstasy.

1 Yes
2 No
7 Do not know
9 Refused

4 Looking back at your childhood, before age 18 did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other corrections facility?

(419)

1 Yes
2 No
7 Do not know
9 Refused

5 Looking back at your childhood, before age 18 were your parents ever separated or divorced because of marital problems? [IF NEEDED: Include step-parents]

(420)

1 Yes
2 No
7 Do not know
8 Parents not married
9 Refused

6 Looking back at your childhood, before age 18 how often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

(421)

1 Never
2 Once, Twice
3 Sometimes
4 Often
5 Very Often
7 Do not know
8 Refused

7 Looking back at your childhood, before age 18 not including spanking, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?

(422)

1 Never
2 Once, Twice
3 Sometimes
4 Often
5 Very Often
7 Do not know
9 Refused

8 Looking back at your childhood, before age 18, how often did a parent or adult in your home ever swear at you, insult you, or put you down?

(423)

1 Never
2 Once, Twice
3 Sometimes
4 Often
5 Very Often
7 Do not know
9 Refused

9 Including both people you lived with and people you did not live with before you were 18, did anyone at least 5 years older than you or an adult:

(424)

Ever touch you sexually?

1 Never
2 Once
3 More than once
7 Do not know
9 Refused

10 Try to make you touch them sexually? (425)

1 Never
2 Once
3 More than once
7 Do not know
9 Refused

11 Force you to have sex? (426)

1 Never
2 Once
3 More than once
7 do not know
9 Refused

Thank you for participating. As I mentioned when we started this section, if you would like, I can provide you with referrals to organizations that help people who have had these kinds experiences cope with their feelings. Would you like me to give you these referrals?